

**DEALER COMPLIANCE UNIT
DEALER AND SPECIAL SALES DIVISION
6400 EAST 30TH STREET
INDIANAPOLIS, INDIANA 46219
PHONE: 317-591-5303
FAX: 317-591-5319**

PLEASE TYPE OR PRINT CLEARLY—THIS FORM MUST BE SIGNED AND DATED

COMPLAINANT INFORMATION:

Name: _____
Street: _____
City, State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____
Mobile: () _____
County of Residence: _____

RESPONDENT INFORMATION: (My Complaint is against the following:)

Name: _____ Dealer: _____
Street: _____
City, State: _____ Zip: _____
Phone: () _____
County of Residence: _____
Type of Business: _____ Type of Service/Product: _____
Date of Transaction, Sales, Incident or Services: _____
Vehicle Year: _____ Make: _____ Model: _____
Vehicle Identification Number: _____

TRANSACTION INFORMATION: (If you did not engage in a transaction please skip ahead to "OTHER INFORMATION")

Name of Sales/Contact Person: _____
Briefly describe Nature of Complaint: _____

OTHER INFORMATION:

Have you filed a complaint with any other agencies: (if **YES**, please list)

Have you contacted a private attorney on your behalf: **YES OR NO** (Circle One)

If so please list his/her name, address and telephone number: _____

Has a lawsuit been filed against you or on your behalf: **YES OR NO** (Circle One)

Please use the second page of this document to describe IN DETAIL, the events of this transaction or other occurrences that led you to file this complaint. If there is insufficient space, please feel free to attach additional pages to complete your explanation. **IMPORTANT:** Please attach COPIES of any documents that you mention or any other materials that describe or illustrate the product or service.

I hereby certify that I have read the information in this complaint, including any additional pages, and that all information I have given is accurate and complete to the best of my knowledge and belief. I authorize the Dealer Compliance Unit to use the information in many manner deemed necessary. I further acknowledge that I _____ am willing, _____ not willing (PLEASE CHECK ONE), to appear in my behalf at an Administrative Hearing subsequent to this complaint and the investigation of said.

COMPLAINANT SIGNATURE: _____ DATE: _____

◆ Do not write below this line: (Bureau use only) ◆

Date Received: _____ Assigned to: _____
Response by?---Letter: _____ and/or Telephone: _____

Note: If the nature of your complaint does not fall under our jurisdiction, it will be forwarded to the Indiana Attorney General's Office

